Project Narrative

1. Background and Identification of the Problem

A. Background of the current system

The Department of Human Resources (DHR) is the primary state human service agency of Georgia. The Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD) is a division of DHR. In fiscal year 2001, the Division served 173,827 people with mental illness, mental retardation, or substance abuse/addictive diseases. Of those, 12,665 received developmental disability services, and 8,635 of those persons received waiver-funded services. The Division's overall expenditures including state and Medicaid dollars for fiscal year 2001 were approximately $758 million; state dollar expenditures for mental retardation community services in that year were approximately $98 million.

Services are currently provided by seven state hospitals and one mental retardation institution as well as through contracts or authorizations with public and private community providers. The contracts and authorizations cover outpatient services, residential services, supported employment, day services for treatment or training, crisis intervention, and case management.

Persons with mental retardation are served through programs financed with State funds, Social Services Block Grant Funds, and Medicaid Home & Community Based Waiver funding. All individuals must receive an assessment that includes eligibility determination and functional level. Additionally, those funded through Home and Community-based Waivers and Intermediate Care Facilities/Mental Retardation and Skilled Nursing Facilities receive a level of care review and authorization. Persons receiving waiver-funded services also currently receive support coordination to ensure appropriate documentation and implementation of support plans, coordination of services, and appropriate documentation of services.

Two separate home and community based waiver programs currently serve persons with mental retardation/developmental disabilities. The Division is planning to engage in a redesign process for the waivers to encourage services that are person-directed and person-centered and afford individuals served and providers greater flexibility. In this effort, Georgia has redesigned the intake and assessment process so that it is uniform and meaningful from one region to another in the state. Within each region, a centralized system has been implemented, to receive all referrals for DD services including both, waiver services and admissions to state ICF facilities. There are two different models being used in the seven different regions of the state. In one model, the regional vendors for both Intake and Support Coordination are responsible for writing the Individual Support Plan (ISP) and coordinating services. In the other model, each region has separate vendors for Intake and for Support Coordination, with the Intake vendors responsible for writing ISPs. In both models, intake and evaluation teams provide intake assessments and recommendations of service needs. The intake teams work closely with the consumer and support network to ensure services reflect recommendations. Initially each consumer receives a standardized functional and nursing assessment. Based on the results of these assessments, a health risk screening tool may be utilized to plan for medical supports.

Georgia has also developed a standardized Individual Support Plan format. Over the coming year, as each individual has had his/her annual review meeting, the new ISP form will be used. The individual and those who know the individual best will participate in the planning process. The plan developed will build on the needs and preferences of the individual with the goal of assisting him / her in living a meaningful and satisfying life. The ISP will also address significant risks in health, medical, safety, financial, and behavioral. The team will consider risks, aligns

supports to minimize risks, and makes changes as needs change. Training has begun and at this time is ongoing.

The new vendors for Intake and Assessment are also providing training, technical assistance, and consultation to providers. Ongoing training related to behavior interventions, medical observations, and other training by professional members of the intake team, is available throughout the year. The Intake and Assessment professionals are available for technical assistance in implementing ISP goals, when specific questions arise. Technical assistance can also be utilized to assess if additional support is needed for behavioral or medical issues. Georgia has also partnered with The Council on Quality Leadership to develop a curriculum and train-the-trainer program on Person-centered planning and other topics related to self-determination for support coordinators and other providers.

In July of 2003 Georgia's DMHDDAD released a revised Quality Improvement (QI) policy and program description (see Appendix A), which is designed around the organization's Core Values and the HCBS Quality Framework. The DMHDDAD Core Values (see Appendix B) address consumer choice, inclusion, appropriate environment, quality of services, individualized services, and adaptive systems, which align with the seven quality domains of the HCBS Quality framework. The QI program utilizes an organized process model to address and realize these values, which includes a committee structure that is reliant on consumer and stakeholder input. This structure consists of a Division QI Committee (QIC) and seven Regional QI Committees. The Division QIC is responsible for the monitoring and evaluation of statewide indicators, such as Performance Measurement and Evaluation System (PERMES), death and serious incident, and service utilization data. This body also recommends and directs statewide improvement activities, ensures that system change occurs and is maintained, offers technical assistance and

guidance for the Regional QI Committees, and evaluates and refines quality measures to promote validity and reliability. The Regional QICs act on QI initiatives directed by the Division QI Committee, monitor and evaluate regional indicators, engage consumer and stakeholder involvement in the QI process, and offer technical assistance to providers for internal QI development.

Georgia's current system, Mental Health Mental Retardation Information System (MHMRIS), is an enrollment mainframe system is DOS based and is incapable of producing the evaluative information that is needed for comprehensive monitoring and analysis of quality services. Georgia is currently in the development stage of upgrading its MHMRIS. The first module of the New Community System is scheduled for completion in 2006. To respond to the need for evaluative data, Georgia has developed a number of information specific data systems to supplement MHMRIS in the maintenance of additional data needs. Currently Georgia maintains 4 databases, which collect, store, track, and trend various issues that impact people with DD and their services.

The Provider Profile is a database which contains information on all MHDDAD providers, including demographics, services provided, number of people served, contract dollars, and accreditation/certification status. The Death And Serious Incident (DASI) database is web based and gathers real time data regarding deaths and serious incidents that occur among people served by MHDDAD. All deaths and serious incidents are recorded, tracked, investigated, and findings summarized using this database. This database generates reports by person receiving services, type of incident, location, and provider. Reports can also be generated regarding multiple incidents and community provider statistics.

The Support Coordination database collects information regarding monthly individual reviews conducted by support coordinators for each person with DD receiving residential services supported by the state. Regional offices receive all these monthly reports and enter all reviews with a rating that indicates improvements are needed. Corrective action plans are developed, entered, and monitored using this system. This system is able to generate reports regarding the number and type of problems by person served and by provider.

Georgia's Performance Measurement and Evaluation System (PERMES) database utilizes web-based reporting and gathers information on persons served, outcomes and satisfaction. PERMES is a comprehensive outcome evaluation and performance management system whose purpose is to improve both accountability and the performance of the state's publicly funded MHDDAD system. Now in its fourth year of operation, PERMES consists of 25 performance indicators (12 pertain specifically to DD) derived from multiple sources such as the MHDDAD management information system, surveys and repeated observation of each person's functioning and quality of life. The operation of PERMES and its development continues to be directed by a steering committee of individuals with disabilities, family members, advocates, providers, staff and other stakeholders. Georgia currently utilizes the Schalock Quality of Life Questionnaire (QOL-Q) and an internally developed individual and family survey as instruments to measure the quality of services provided to persons with DD. Results from these instruments are entered into the PERMES database and reports are generated regarding the number and type of assessments completed by provider, as well as changes in assessment scores. Information regarding instructions and protocols for administration of these tools and forms are also accessible on the PERMES website.

B. Analysis of Strengths and Weaknesses

Georgia is fortunate to have support for QI development from their leadership that has begun building a foundation for a stronger, more organized, and person-focused quality program. Georgia has been actively evaluating its QI program needs, and has already initiated a massive QI program re-design based on the CMS Quality framework. Although Georgia has taken steps with its new QI Program, it faces some hurdles in its further development and maintenance of quality services for persons with DD.

Georgia desires to further build person-centered practices into the very design of its QI Program. Currently, each regional office in Georgia is forming a Regional Consortium of providers to identify training needs and arrange for training to be provided. Georgia has utilized the Council On Quality and Leadership curriculum to train trainers on topics such as person centered planning to provide a broad understanding of these concepts to providers throughout the state. Although Georgia is raising awareness to the concepts of self-determination and self-directed services there is currently a gap between knowledge and practice of these principles. Many providers have received person-centered training, but lack the practice skills to develop a person-centered plan and carry out an individual's goals.

Though person-centeredness and the quality of life of individuals receiving services have long been dominant themes in the evaluation of Georgia's developmental disability services, we believe that quality measures and methods must continuously evolve to reflect both experience and changing values in system design. In terms of current data collection methodologies, it has become increasingly clear that survey processes appropriate for other disability groups served by DMHDDAD may not result in valid and reliable indicators for people receiving DD services who often have more severe disabilities or who are more likely to lack adequate receptive or

expressive skills. Similarly, many stakeholders have complained that the Schalock QOL-Q is more appropriate for higher functioning people with DD, and hence may not accurately reflect the degree to which programs promote quality of life for people served.

In March of 2002, the PERMES steering committee convened a task force of individuals served, advocates and academics to evaluate the DD performance measurement system and the usefulness of the information it produces for person-centered planning, quality-oriented service provision and evaluation. Though the task force found that the conceptual basis of the QOL-Q to be useful, it had serious reservations about the ability of a standardized instrument to assess the quality of life for individuals with DD. The task force strongly encouraged the Division to measure quality by the achievement of personal outcomes that are important to the individual person. Additionally, Georgia feels the interpretations of survey-based DD performance measures and quality improvement efforts are hindered by the lack of national benchmarks to evaluate the results and would like to implement discovery methods that would allow this further analysis.

Georgia has an array of data systems to collect, store, report, and trend a variety of indicators that measure the quality of its DD services. These data systems pose multiple hurdles in accessing and evaluating comprehensive data in a timely manner. The current information system, MHMRIS is an enrollment system and is incapable of producing the evaluative information that is needed for comprehensive monitoring and analysis of quality services. Thus Georgia has developed multiple databases to supplement this system for the maintenance of additional data needs. These systems however, function independently and do not share information. They are not linked and therefore make data entry and review cumbersome and repetitious. If comprehensive information is desired regarding a particular provider or person

served, one has to enter and search four separate databases and piece information together. This reality causes great difficulty and inefficiency in the analysis, trending, and reporting of data.

Georgia is committed to the involvement of people served and family members (as appropriate) in the direction of individual services, which includes input and participation in decision-making and planning practices that occur within its new QI Program. Georgia has long garnered and appreciated the input and participation of individuals served and families, but has not had a mechanism with which to involve them in the QI process. Through the continued development of its new QI Program, Georgia desires to initiate and promote the participation of people served by MHDDAD on a continuous basis in quality committees and performance improvement teams.

C. Identification of the Problem

With this System Change Grant Georgia will address the following problems:

1. There is a need to expand the provision of services that are person-centered and address the principles of self-direction among Georgia's providers, individuals served, families, and other stakeholders;
2. Current Outcome and Satisfaction measures are redundant and lack objectivity and personalization;
3. Current data systems require repetitious data entry, and provide fractured, incomplete, and time-delayed information; and
4. Individual and family involvement is limited and perceived as non-integral to the decision making process.

1. Project Description and Methodology

A. Goals/objectives of the program

The proposed project will facilitate and support the implementation of Georgia's DMHDDAD Quality Improvement Program released in July 2003 (Appendix A). The proposed project supports the goals of the grant program through improving the utilization and implementation of person-centered practices in Georgia; redesigning the existing system for measuring personal outcomes for people with developmental disabilities in Georgia as well as redesigning the system for collecting system measures; creating an efficient real-time data system that produces easily accessible information and reports; and ensuring that people with DD and family members (as appropriate) participate in regional quality improvement committees and performance improvement teams. The Division Quality Improvement Program is based on the HCBS Quality Framework domains. The specific project goals for this grant program are focused in three of those domains: Participant-Centered Service Planning and Delivery, Participant Outcomes and Satisfaction, and System Performance. These goals are interwoven in that a new outcome system will be designed and first tested with people involved in grant-sponsored facilitated person-centered planning and activities. Systemic barriers to implementation of person-centered plans developed in the facilitated sessions will be identified and addressed by Division management using systems described in the new Quality Improvement Program. Finally, the participation of individuals with DD and family members of people with DD in the Quality Improvement Program will be facilitated by grant activities. This participation will ensure that persons involved in and affected by the DD service system have an impact on decisions about how to solve problems identified in the system, such as systemic barriers to person-centered plan implementation. The proposed project will support the overall

grant program goals of exercising meaningful choices about living environment and obtaining quality services, and together with other grants proposed by Georgia (Independence Plus, C-PASS, and Respite for Children) will facilitate enduring system change in Georgia related to supporting people to live in the most integrated community setting possible.

B. The methods through which the problem will be addressed

Expansion of the provision of services that are person-centered and address principles of self-direction is one of the identified problems for improvement. Grant funds will be used to enlist expert consultation from Connie Lyle O'Brien on expanding the implementation of person-centered planning practices in Georgia and to conduct facilitated person-centered planning and followup meetings with selected individuals and their circles of support. At least by midway in the first year of the grant, the state will begin statewide use of an orientation-level training curriculum for direct support staff on topics including assessment and planning that is person-focused. The curriculum was developed for Georgia by The Council on Quality and Leadership, and thirty-nine persons have already been trained as trainers. With consultation from Ms. O'Brien supported by the grant, the project staff will work with regional MHDDAD staff to develop cooperative regional training activities co-sponsored by providers, so that new direct support staff will all be trained with this curriculum.

The facilitated planning and followup meetings led by Ms. O'Brien will be conducted during the second and third years of the grant. The individuals selected to participate will benefit from the person-centered planning activity, and "learnings" from the people involved in the person-centered planning sessions will be used to identify systemic barriers in Georgia to the ongoing implementation of person-centered plans. The identified barriers will be collected and routed to the MHDDAD Office of Developmental Disabilities. Using quality management

techniques, the Office of DD will work with Regional Offices on resolving problems, using the Quality Improvement system newly implemented in the Division. Regional QI Committees may be assigned to address issues requiring more in-depth study. The Division Quality Improvement Committee will communicate resolutions to all involved parties. Between 20 and 40 individuals with DD will be involved in the facilitated sessions with Ms. O'Brien over a two-year period. These will be the core group for testing out a newly developed personalized outcome tool. To further strengthen the skill of providers to implement person-centered plans, grant funds will be used to secure technical assistance for providers around implementation of person-centered plans during the second and third years of the grant. All of these activities are expected to help build quality into the design of the service system.

Grant funds will be used to support development and implementation of a redesigned process for gathering information about the individual outcomes of people with disabilities, which will complement Georgia's implementation of the National Core Indicators project. This addresses the identified problems of the existing redundancy in Georgia's outcome and satisfaction measures. With grant assistance, we propose creating a new DD performance and outcome measurement system (PERMES-DD) with the following characteristics:

1. New individualized measures of outcomes based upon goal achievement, reasonable risk taking, and control over life decisions.

2. Standardized measures of quality of life domains such as dignity, choice, autonomy, social integration and health that can be "rolled up" into provider and system-level measures of performance. Though not individualized, these measures are generally accepted to be of high importance to all people, regardless of their disability.

3. A DD information system to collect, store and disseminate to a wide range of stakeholders performance, quality and outcome information.

Numerous actions would have to be taken to ensure that such a system is operational within the three-year time period covered by the grant. In this time-period, the following activities will be undertaken:

1. Working with the Real Choice Systems Change Consumer and State Task Force on issues related to quality. The Task Force will be charged with reaching a consensus on what constitutes quality services and outcomes in the DD service delivery system. This Task Force will also oversee the redevelopment of the DD portion of the performance measurement system and steps taken to ensure the core values related to quality are built into system design.

2. Purchasing the services of a consultant who specializes in DD performance measurement and quality improvement systems. This consultant will assist the Consumer and State Task Force on conceptual and measurement issues associated with the proposed individualized and standardized outcome measures as well as assist Division staff in development of these measures.

3. Although not a part of the grant project, Georgia's transition to the National Core Indicators project (NCI) will be a central component of the PERMES-DD system and will be a replacement for Georgia's current DD individual and family surveys. NCI is a systematic performance measurement system sponsored by the National Association of State Directors of Developmental Disabilities Services (NASDDS). As of the spring of 2003, 21 states participated in the project. Because NCI utilizes both common data collection protocols and definitions, benchmarking on personal outcomes and system performance among DD service delivery systems is possible. In addition to benchmarking performance, benefits are achieved due to the training of surveyors that is provided to state participants. NCI relies primarily upon data collected through an

individual and a family survey. In addition, we propose constructing specialized independent survey teams with experience working with persons with a developmental disability. These specialized teams may include persons with DD or family members of persons with DD.

Grant funds will be used to fund assessment teams to visit a small subset (50-75) of people sampled in the NCI individual survey. One important task of these teams is to reconfirm and compliment the responses to the NCI survey.

The assessment team will also pilot (a) the individual level process for measuring individualized outcomes (the realization of person-defined outcomes, opportunity to exercise reasonable risk-taking, and personal control over life decisions) as well as (b) complete, based on observation and reports, a standardized instrument that measures quality of life domains such as dignity, choice, autonomy, social integration and health. These outcomes will then be measured against the individual's personal goals and desires. Once methodologies tested were successful, both would become part of the PERMES-DD system. Surveyors would measure individualized outcomes (along with administering a survey instrument – e.g., Core Indicators Plus) for a sample of individuals each year. Support coordinators would complete the standardized quality of life assessment instrument with every person served once per year.

4. The state will purchase the services of a recognized consultant to assist with creating an interim system to collect, store and disseminate DD performance, quality and outcome information. The system will be interim in nature in that the Department will have a new information system within the next five years that will have all the needed capacity for linking and retrieval of information.

Grant funding will also be used to hire a person with disabilities on a part-time basis to work on two aspects of the grant program. One primary duty would be assist DMHDDAD staff

with operationalizing individual and family survey processes described above. Another primary duty will be to assist regional MHDDAD offices with enlisting persons with DD and family members to participate in the regional quality improvement committee process and/or in specific process improvement teams. This will address the identified problem that persons served and their families are not involved in the decision-making process to the extent that they should be. Grant funding will also fund a limited amount of travel expense for individuals with DD participating in regional quality improvement activities.

C. Coordination and linkages

Collaboration is integral to the success of the projects of this grant proposal. This grant will partner with all Real Choice Systems Change Grants and any other related grant initiatives awarded to the state of Georgia. The existing Georgia Real Choice Systems Change Grant project has a Consumer and State Task Force that has been appointed by the Commissioner of the Department of Human Resources. This QA/QI grant project will seek oversight and guidance, as well as linkage to other initiatives, from this task force.

An application is also being submitted by the state of Georgia for the Independence Plus Initiative. The projects identified for the QA/QI grant will link with the projects of the Independence Plus grant. Some of the system changes outlined in the Independence Plus Initiative that will be implemented will pave the way for success with the person centered planning project. Self -determination principles, including budgeting and designing ones supports, are an integral part of person centered planning. Barriers identified and system changes made raise the level of quality for all individuals with disabilities.

The person centered planning project has commitments from partners and stakeholders. Connie Lyle O'Brien, who lives in Georgia, and is recognized nationally for her work in the

Developmental Disability field, is committed to working on this project. She will facilitate person centered planning and consult with the DMHDDAD on an ongoing basis. Other linkage for this project will be in contracting with a provider who has had success in implementing person centered planning to provide the technical assistance for this project. If a provider has had success in implementing a support plan for individuals who want to find a job, or live in his own apartment, or transitioning from school to adult services, the Division will contract with this provider to provide the technical assistance.

The Governor's Developmental Disability Council has also submitted a proposal for the C-PASS Grant. The C-PASS proposal is compatible with this grant application. The training provided by the C-PASS grant will compliment training provided by this grant. A letter of support has been received from the DD Council to support the efforts of the grant.

The Division's new Quality Improvement Plan was developed around the HCBS Quality framework. Within the QI plan, people with disabilities and family members input is integral to the functioning of the committee structure. The specific projects for this grant are focused in three domains: Participant Centered Service Planning and Delivery, Participant Outcomes and Satisfaction, and System Performance. Lasting system changes will occur with quality built into the system through the person centered planning, enhancing consumer outcomes, ongoing methods of gaining information through an efficient real time data system, and meaningful involvement from people with disability and family members.

The project will coordinate with MHDDAD implementation of the National Core Indicators (NCI) survey as the consumer satisfaction tool, as well as with the NCI provider survey. NCI is a systematic performance measure utilized by more than 21 other states that participate in the project. The assessment team will also pilot an individual level process for

measuring individualized outcomes, as well as complete a standardized instrument that measures quality of life measures in domains such as dignity, choice, autonomy, social integration, and health. If methodologies tested are successful, this assessment would be performed yearly by support coordinators, and results shared with ISP teams.

D. Work plan

This grant strives to develop a greater understanding and provision of person-centered practices throughout the Georgia. Monthly consultations with Ms. O'Brien regarding will begin in March 2004 and continue through the duration of the project to maintain system change through implementation of person centered planning. In the second year of the project, Ms. O'Brien will facilitate seminars to provide active learning training on how to develop and implement a person centered plan. Details on this component are included in the work plan worksheets (Appendix C).

In the first year, work will begin to develop a new DD performance and outcome measurement system. The National Core Indicators project will be adopted by the Division in conjunction with the start of the grant project. A consultant will be hired at the onset of the project to assist with the development of individual and objective outcomes measurement tools. These surveys and instruments will be administered each year. Additional detail is provided in the work plan worksheets.

At the same time, the project will work to link current databases to create an efficient and comprehensive, real-time data system that produces easily accessible reports. The development of the business plan and work to link current databases into one system will begin at the start of the grant period. This component is expected to be completed by the beginning of the second year. Further detail is included in the work plan worksheets.

In order to ensure meaningful consumer and family member participation in the QI program, a self-advocate will be hired at the start of the project. This person will work for the first two years of the project to recruit and organize participants and family advocates. We expect to see increased participation in the QI program through committee membership and work groups. Additional detail is provided in the work plan worksheets

E. Organization, Management, and Qualifications

The Project Director is a senior manager for DMHDDAD as the Director of the Consumer Protection, Quality Improvement and Certification Section. She will devote a percentage of her time to directly supervise the Project Coordinator for the QA/QI grant project. She also directly supervises DMHDDAD Quality Improvement Unit staff who will work collaboratively with the Project Coordinator and other grant staff as appropriate, devoting a percentage of their time. Staff of the MHDDAD Office and Developmental Disabilities and the Decision Support Section (Evaluation Unit) will also have percentages of their time assigned to the grant project, working collaboratively with the Project Coordinator and Quality Improvement staff assigned to the grant project. Office of DD staff will work closely with the Project Coordinator and the Consultant on Person-Centered Planning to provide direction and support especially related to the person-centered planning and implementation goal of the grant project (see Appendix D).

The Project Coordinator will supervise a part-time (30 hours per week) Survey and QI Project Assistant to be hired, with recruitment directed toward hiring a person with a disability. The Survey and QI Project Assistant will work with the Project Coordinator and Decision Support staff to implement the new outcome tool to be developed, and will work with the Project Coordinator and Quality Improvement staff to ensure participation of persons served and family

members in the regional quality improvement committees. The Project Coordinator will work directly with the Consultant on Person-Centered Planning, in collaboration with Office of Developmental Disability (DD) staff. The Consultant on Person-Centered Planning will assist in identifying a co-facilitator for the group person-centered planning facilitation sessions, and will assist in identifying contractors to provide technical assistance to providers on implementation of person-centered plans. Similarly, Quality Improvement and Decision Support staff will lend support and guidance to the Project Coordinator especially around the quality improvement, data linking and redesign of PERMES-DD goals.

The Project Coordinator will have primary responsibility for relating to the Consumer and State Task Force advising the state on all its Real Choice System Change grant projects. The Single State Medicaid Agency in Georgia is the Department of Community Health (DCH). The Project Director along with the Office of Developmental Disabilities will maintain communication about the grant project with DCH, primarily through an already-established quarterly meeting between DHR and DCH regarding management of the waiver programs.

Patricia M. Clifford, LMSW, the Project Director, is a senior manager in MHDDAD and has extensive experience in quality improvement management. She also manages the Division Office of Consumer Protection and the Certification Unit. Her experience includes managing major corrective action initiatives in the state developmental disability system as well as managing state-level contracts with support coordination and intake and assessment vendors. Her resume is provided as an attachment along with biographies of other Division staff assigned to the project (Appendix E).

Connie Lyle O'Brien, the Consultant on Person-Centered Planning, is a world-renowned leader in the philosophy and practice of person-centered planning. She will lend her extensive

experience to shape Georgia's efforts in further development of the practice of person-centered planning and in effectively supporting the implementation of people's plans. Her resume is also provided in Appendix E.

The project will include securing the services of a nationally recognized expert consultant related to the redesign of the measurement system for the developmental disabilities component of PERMES. Also, services of a recognized expert in the field of information technology will be secured to complete tasks related to the data-linking goal of the grant project.

F. Formative Learning

The Project Coordinator will be responsible for ensuring that the project is on track, on time, and ongoing. The Project Coordinator, in conjunction with the Consumer and State Task Force, designated state office staff and contracted staff, will follow the work plan, routinely monitor each projects progress, assign tasks, and direct activities related to each project.

Additionally, the Project Coordinator will utilize Georgia's existing QI committee structure to address problems and barriers and seek improvements that are meaningful and system-wide. The Project Coordinator will continually update the Division QIC on project progress and utilize this committee for guidance and delegation of tasks to ensure that the new activities are incorporated and maintained within the MHDDAD system.

3. Significance and Sustainability

The emphasis on person centered planning will assist individuals with developmental disabilities in determining goals and services that best meet their needs. New individualized measures of consumer outcomes based upon goal achievement, reasonable risk taking, and control over life decisions are an essential part of measuring the effect that person centered planning has had on the individual's ability to make choices regarding the community services

they receive. Although the training component of the project will directly train a relatively small number of individuals, the concepts and skills will be carried to other providers and stakeholders throughout the system. In addition, Regional Consortiums, which have adopted a curriculum including person centered planning, will be providing continuous training both during and after the grant project. It is expected that person-centered practices will become utilized statewide as a means for including individuals in their own service planning. Involvement of consumers in their own goal setting and service planning will ensure that consumers' choices about living environments and community involvement are driving the types of services provided. Issues and barriers will be brought to the attention of the QI committee. The committee will evaluate and make recommendations for lasting quality- driven system changes.

This grant provides an excellent opportunity for the State of Georgia to redesign its performance and outcome measurement system for consumers with developmental disabilities. Georgia's relatively long history with performance measures and established processes for data collection and quality improvement provides an excellent base to build upon. Standardized measures of quality of life domains such as dignity, choice, autonomy, social integration and health will be "rolled up" into provider and system-level measures of performance. Though not individualized, these measures are generally accepted to be of high importance to all people, regardless of their disability. Through the development of a standardized instrument, which includes these measures, the state will improve the way it assesses quality of life outcomes. Since this assessment will be completed annually for all DD consumers, it will serve as a statewide indicator of the services provided and accessed. In addition, the adoption of the National Core Indicators (NCI) as a set of system performance indicators will allow Georgia to

benchmark its performance against performance measures from other states. Person centered and objective measures will be utilized to compliment the NCI survey. Based upon the results from the assessment team and other analyses, conclusions from the NCI survey instrument can be reconfirmed and enhanced. System changes to redefine consumer outcomes and performance measurement will be part of PERMES ongoing efforts to improve accountability as well as quality service delivery of DD services. Much of the cost associated with a redesigned performance measurement system for DD, such as adoption of the NCI survey, will be paid through current DMHDDAD funding.

The linkage of current databases to create a centralized DD information system will create numerous advantages. This system will provide a central mechanism to collect, store and disseminate information to a wide range of stakeholders. Information on performance, quality and outcomes specific to DD consumers will be more timely and therefore more useful in addressing issues as they arise. Providers will be able to access relevant information in order to make informed decisions about services provided. The efficiencies associated with having one database will be evidenced by reduced data entry and savings associated with maintaining a single data system. The development of this new system will be in conjunction with the IT staff at the Division to ensure compatibility with the upgrading of the current MHMRIS system. As the upgrading is completed, the DD information system will be incorporated as a module into the larger Division-wide MHMRIS system and therefore will maintain its usefulness and will not require any additional funding beyond development.

The QI program has been developed with inclusion of consumers and family members as an integral part of the planning and evaluation process as active participants. This project will promote strong involvement through consistent representation of consumers and family on

regional QI committees and performance improvement teams. Grant staff will work with regional offices throughout the project to develop ways to include consumers and family members in future QI activities, so that inclusion of persons served and family members will be sustainable after the grant funding ends. Every effort will be made to maintain consumer and family member involvement in order to assure that additional value and perspective are brought to the QI process.

5. Partnerships

To involve stakeholders in the planning and development of the grant application, Georgia held a meeting with family members, advocates, providers, and state representatives. Ideas identified at this stakeholders meeting and at a meeting with Atlanta People First Chapter, were incorporated into the grant design. A project committee, comprised of stakeholders will guide the project through planning, implementation, monitoring, and evaluation. Stakeholders will be involved in the quality improvement program as well as all of the proposed grant projects.

The person centered planning project will partner with many stakeholders. Connie Lyle O'Brien, who lives in Georgia, is renowned worldwide for her work in person centered planning and is affiliated with the Center on Human Policy at Syracuse University. Ms. O'Brien has agreed to partner with Georgia on this project. Ms. O'Brien will consult one day a month basis providing direction for the project in all the stages of planning, implementation, monitoring and evaluation. Ms. O'Brien will directly facilitate a series of group person-centered plans and meet with teams on a quarterly basis to monitor progress and or regroup on steps needed. Systems issues that are identified will be reviewed by the quality committee comprised of regional staff, stakeholders, and state office staff to make system improvements and eliminate barriers. Also,

Georgia will contract with a local service provider to provide technical assistance in between these meetings. The provider that Georgia will contract with will have demonstrated success in meeting person-centered goals.

Georgia will purchase the services of a consultant who specializes in Developmental Disabilities performance measurement and quality improvement systems regarding implementation and validation of the National Core Indicators. This consultant will assist the quality task force on conceptual and measurement issues associated with the proposed individualized and standardized outcome measures. Another consultant will be identified to assist Georgia staff in creating an interim system to collect, store, and disseminate DD performance, quality, and outcome information.

For sustainable implementation of the real time data system that produces easily accessible information and reports, MHDDAD will partner with the internal DHR Information Technology department in order to ensure sustainability and compatibility on the development of the new statewide community information system. Input from stakeholders using this system will be incorporated into reports to provide a comprehensive review of DD services.

In July of 2003, Georgia released a revised quality improvement policy and program description designed around the CMS Quality framework. The model includes a committee structure reliance on consumer and stakeholder input. This new structure helps to ensure that system improvement occurs, is based on reliable data, organized, consensus based, and well communicated. The program consists of both a Division Quality Improvement Committee and Regional Quality Improvement Committees, which function as mechanisms to evaluate data, suggest and direct change, and ensure that quality improvement occurs and is continuous. This body seeks input and participation from all stakeholders. Grant funds will be used to coordinate

and facilitate consumer and family participation in the QI process through committee membership and Performance Improvement Teams involvement. A self-advocate will be hired as a project staff to assist in this area. The role of this project staff person will include recruiting and organizing the consumers and families who will participate in the committee membership and work groups. Funds will be utilized to accommodate travel and accommodations and build a strong consumer presence in the Quality program.

The Department of Community Health (DCH) is the Single State Medicaid Agency in Georgia. DCH is the administrative authority for the two waiver programs in Georgia for persons with developmental disabilities, and MHDDAD is the operating authority. To provide oversight to the management of the waiver programs, DCH meets with MHDDAD on a quarterly basis to address identified issues. The relationship between the two agencies, while not a partnership, is an important cooperative collaboration to ensure the successful operation of the two waiver programs.

This project will partner with the State and Consumer Task Force that provides oversight and guidance to the Real Choice Systems Change Grant that was previously awarded to Georgia. The task force will provide the linkage to all other grant initiatives. Members are appointed by the Commissioner for the Department of Human Resources, and meetings are held quarterly. Membership is comprised of stakeholders from other state agencies including the Division of Aging, the Department of Community Health, Vocational Rehabilitation Services, Department of Family and Children Services, and the Department of Community Affairs. Other partners and stakeholders represented include the Governor's DD Council, the Statewide Independent Living Council of Georgia, self advocates and advocates.

Letters of support from several stakeholders are assembled in Appendix F.